

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND										
1 Date of Request: <u>4/23/04</u>		2 Serial/Patent # <u>16/622,134</u>								
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED							
<input type="checkbox"/>	Filing		\$							
<input type="checkbox"/>	Amendment		\$							
<input type="checkbox"/>	Extension of Time		\$							
<input type="checkbox"/>	Notice of Appeal/Appeal		\$							
<input checked="" type="checkbox"/>	Petition		11/14/03 \$ 130							
<input type="checkbox"/>	Issue		\$							
<input type="checkbox"/>	Cert of Correction/Terminal Disc.		\$							
<input type="checkbox"/>	Maintenance		\$							
<input type="checkbox"/>	Assignment		\$							
<input type="checkbox"/>	Other		\$							
		7 TOTAL AMOUNT OF REFUND \$ 130								
10 REASON:		8 TO BE REFUNDED BY:								
<input type="checkbox"/>	Overpayment	<input type="checkbox"/>	Treasury Check							
<input type="checkbox"/>	Duplicate Payment	<input checked="" type="checkbox"/>	Credit Deposit A/C #:							
<input checked="" type="checkbox"/>	No Fee Due (Explanation):	9 <table border="1" style="display: inline-table; text-align: center;"> <tr> <td>1</td><td>4</td><td>--</td><td>1</td><td>1</td><td>4</td><td>0</td> </tr> </table>		1	4	--	1	1	4	0
1	4	--	1	1	4	0				
<u>Postcard proves allegedly omitted drug figs were present on day 1. Refund pet fee</u>										
11 REFUND REQUESTED BY:										
TYPED/PRINTED NAME: <u>E. Shirene Willis</u>		TITLE: <u>Pet Attny</u>								
SIGNATURE: <u>E. Shirene Willis</u>		PHONE: <u>308-6712</u>								
OFFICE: <u>Office of Petitions</u>										
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****										
APPROVED: <u>[Signature]</u>		DATE: <u>4/29/04</u>								

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

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